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PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 103

First Inventor Frank M. Sexton

Method And System For Disproportional

Title Allocation Of Multi-Risk Insurance Policy

Only for new nonprovisional applications under 37 CFR 1.53(b)) | Express Mail Label No. EH592549877US

10.113			
APPLICA"	TION ELEMENTS	ADDRESS TO: Assistant Commission Box Patent Application	n]
	erning utility patent application contents.	Washington, DC 2023	31
1. X Fee Transmittal For (Submit an original and a d a d Applicant claims sr See 37 CFR 1.27. 3. X Specification (preferred arrangement - Descriptive title control of the	rm (e.g., PTO/SB/17) uplicate for fee processing) nall entity status. [Total Pages 12] set forth below) of the invention e to Related Applications rding Fed sponsored R & D quence listing, a table, rogram listing appendix he Invention of the Invention of of the Drawings (if filed) Disclosure	7. CD-ROM or CD-R in duplicate, large to Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Substitution (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies) ii. paper c. Statements verifying identity of above ACCOMPANYING APPLICATION 9. Assignment Papers (cover sheet & companying to the companying and assignment (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 50 (Should be specifically itemized)	table or bmission); or ve copies N PARTS document(s)) Power of Attorney policable) Copies of IDS Citations
i. DELET Signed sta named in t 1.63(d)(2)	tement attached deleting inventor(s) the prior application, see 37 CFR and 1.33(b) Sheet. See 37 CFR 1.76	15. Certified Copy of Priority Document (if foreign priority is claimed) 16. Request and Certification under 35 (b)(2)(B)(i). Applicant must attach for or its equivalent. 17. Other:	U.S.C. 122
or in an Application Data She Continuation Prior application information: For CONTINUATION OR DIVISI Boy 5b is considered a part of	net under 37 CFR 1.76: Divisional Continuation-in-part (CIP) Examiner ONAL APPS only: The entire disclosure of the disclosure of the accompanying continuation.	of pnor application No.:/ Group Art Unit: prior application, from which an oath or declaration tion or divisional application and is hereby incorporaintly omitted from the submitted application parts.	is supplied under
	19. CORRESPONDE	TOP ADDITION	
Customer Number or Bar Co	ode Label (Insert Customer No. or Attach ber	or X Correspondence add	iress below
Name	Joseph H. Golant		
Address	77 West Wacker Drive,	Suite 3500	
City	Chicago	State Illinois Zip Code	60601 - 1692
Country	USA Tele	phone 312/269-1534 Fax	312/782-85
Name (PrintlType)	Joseph H. Golant	Registration No. (Attorney/Agent) 2	4,210
	tosenh A 1/2		101
Signature	1 puerte N1/	TO Date 1/9/	· • /

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(P) 35	5
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Complete if Known					
Application Number	Unknown				
Filing Date	Unknown	:			
First Named Inventor	Frank M. Sexton				
Examiner Name	Unknown	ţ			
Group Art Unit	Unknown				
Attorney Docket No.	103				

METHOD OF PAYMENT FEE CALCULATION (continued)					
The Commissioner is basely outborized to charge					
1. X indicated fees and credit any overpayments to	Large Small				
Deposit Account	Entity Entity Fee Fee Fee Fee Fee Description	Fee Paid			
Number 10-1202	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	TEEFAIU			
Deposit Account Name	105 130 205 65 Surcharge - late filing fee or oath				
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet				
— Glader 37 GTK 1 10 all 0 1.17	139 130 139 130 Non-English specification				
Applicant claims small entity status. See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination				
2. X Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to				
X Check Credit card Money Other	Examiner action				
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action				
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month				
Large Entity Small Entity	116 390 216 195 Extension for reply within second month				
Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within third month				
Code (4) Code (4)	118 1,390 218 695 Extension for reply within fourth month				
101 710 201 355 Utility filing fee 355	128 1,890 228 945 Extension for reply within fifth month				
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal				
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal				
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing				
	138 1,510 138 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 355	140 110 240 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional				
Fee from Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)				
Total Claims $\boxed{11}$ -20** = $\boxed{0}$ X $\boxed{9}$ = $\boxed{0}$.	143 440 243 220 Design issue fee				
Independent 2 - 3** = 0 x 40 = 0.0	144 600 244 300 Plant issue fee				
Multiple Dependent	122 130 122 130 Petitions to the Commissioner				
	123 50 123 50 Processing fee under 37 CFR 1.17(q)				
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt				
Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)				
103 18 203 9 Claims in excess of 20					
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	146 710 246 355 Filing a submission after final rejection (37 CFR § 1 129(a))				
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))				
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)				
and over original patent	169 900 169 900 Request for expedited examination of a design application				
SUBTOTAL (2) (\$) 0.0	Other fee (specify)				
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				

SUBMITTED BY						Complete (if applicable)		
Name (PnntlType)	Joseph H. Golant	,	Registration No. (Attorney/Agent)	24,210	Telephone	312/269-1534		
Signature	Joseph H.	Sole	t		Date	1/31/01		

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]	PATENT A	PPLICATIO	N FEE DE	TERMINATIO	ON RECOR	D	Ap	plication or		t Number	
			AS FILED - Column 1)		ımn 2)	SI	MALL E	103 NTITY	OR	OTHER T	
FOR	···		R FILED	NUMBER	NUMBER EXTRA		RATE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))		> \$			2000 C		\$355_	OR		\$
TOT	AL CLAIMS CFR 1.16(c))		11 minu	20 = * 0		x \$ 9 =	0	OR	x \$=		
INDI	EPENDENT CLA	AIMS	2 min	us 3 = * (40=	0	OR	x=	
		DENT CLAIM PRE	SENT (37	CFR 1 16(d))		+_	=		OR	+=	
If the	e difference in colun	nn 1 is less then zero, e	nter "0" in colum	ın 2		Т	OTAL	355	OR	TOTAL	
		CLAIM	IS AS AME	NDED - PART II (Column 2)	(Column 3)	SI	MALL E	NTITY	OR	OTHER T	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	I	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$;=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1 16(b))	*	Minus	***	=	x	=		OR OR	x=	
V	FIRST PRES	SENTATION OF M	JLTIPLE DEF	ENDENT CLAIM	(37 CFR 1 16(d))	+-	=		OR	+=	
(Column 1) (Column 2) (Column 3)					TOTAL T. FEE		OR A	TOTAL DDIT. FEE			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	I	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
(DM	Total (37 CFR 1 16(c))	*	Minus	**	=] x \$	=		OR	x \$=	
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4	FIRST PRE	SENTATION OF M	ULTIPLE DEI	PENDENT CLAIM	(37 CFR 1.16(d))]	=		OR	+=	
		(Column 1)		(Column 2)	(Column 3)	ADE	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
ENT C		CLAIMS REMAINING AFTER AMENDMENT	235	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
VD.	Total (37 CFR 1.16(c))	*	Minus	**	=	x :	§=		OR	x \$=	
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A,	FIRST PRE	SENTATION OF M	ULTIPLE DE	PENDENT CLAIM	(37 CFR 1.16(d))	+.	=		OR	+=	
				nn 2, write "0" in colu			TOTAL DIT, FEE		OR	TOTAL ADDIT. FEE	

1

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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